

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NORTH DAKOTA REPUBLICAN PARTY

ADDRESS (number and street)

1029 N 5th Street

☐Check if different  
than previously  
reported. (ACC)

Bismarck

ND

58501

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00018929

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mrs. Tokach, Theresa

Signature of Treasurer

Electronically Filed by Mrs. Tokach, Theresa

Date

06

09

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NORTH DAKOTA REPUBLICAN PARTY

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		15495.81
(b) Cash on Hand at Beginning of Reporting Period .....	18617.24	
(c) Total Receipts (from Line 19) .....	10699.93	26556.93
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29317.17	42052.74
7. Total Disbursements (from Line 31) .....	18066.76	30802.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11250.41	11250.41
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	44500.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NORTH DAKOTA REPUBLICAN PARTY

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6460.00	12615.00
(i) Itemized (use Schedule A) .....	4239.00	13941.00
(ii) Unitemized .....	10699.00	26556.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡		
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	10699.00	26556.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.93	0.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10699.93	26556.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10699.93	26556.93

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		560.00	560.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		1440.00	1440.00
(b) Other Federal Operating Expenditures.....		11504.89	22301.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		13504.89	24301.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees .....		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		4561.87	6501.33
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		4561.87	6501.33
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		18066.76	30802.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		16626.76	29362.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	10699.00	26556.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10699.00	26556.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12064.89	22861.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12064.89	22861.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH DAKOTA REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffry Volk

Mailing Address 1626 Maple Pl

City

West Fargo

State

ND

Zip Code

58078-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moore Engineering Inc

Occupation

Consulting Engineer

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 2 / 2 0 0 9

Transaction ID: 0140218

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Mr/Mrs Carl & Julie Peterson

Mailing Address 3104 164th Ave SE

City

Harwood

State

ND

Zip Code

58042-9732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

farmer

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 6 / 2 0 0 9

Transaction ID: 0140302

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Sen. Judy E. Lee

Mailing Address 1822 Brentwood Ct

City

West Fargo

State

ND

Zip Code

58078-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Co/Better Homes & Ga-  
rdens

Occupation

Realtor

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 1 / 2 0 0 9

Transaction ID: 0140306

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH DAKOTA REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alan Hausauer

Mailing Address 7528 Northwood Dr

City

Bismarck

State

ND

Zip Code

58503-6251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
farmer

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 0 9

Transaction ID: 0140314

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Currier

Mailing Address 6444 13th St N

City

Fargo

State

ND

Zip Code

58102-6011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dakota Fence Co

Occupation  
contractor

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: 0140329

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Reginald P. Morelli

Mailing Address PO Box 1517

City

Minot

State

ND

Zip Code

58701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morelli's Distributing

Occupation  
Owner

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: 0140330

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH DAKOTA REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Mr. Chuck Tompkins

Mailing Address 2900 34th Ave SE

City

Minot

State

ND

Zip Code

58701-2957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Agency

Occupation  
Insurance

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: 0140331

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Sen. Ralph L. Kilzer

Mailing Address 1982 Mesquite Loop

City

Bismarck

State

ND

Zip Code

58503-0198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 9

Transaction ID: 0140332

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marcia L. Kilzer

Mailing Address 1982 Mesquite Loop

City

Bismarck

State

ND

Zip Code

58503-0198

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 9

Transaction ID: 0140333

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NORTH DAKOTA REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Rep. Lawrence R. Klemin

Mailing Address 1709 Montego Dr

City

Bismarck

State

ND

Zip Code

58503-0856

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bucklin Klemin &amp; McBride

Occupation

Lawyer

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	9	

Transaction ID: 0140452

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

365.00

TOTAL This Period (last page this line number only) .....

6460.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 19

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NORTH DAKOTA REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

BNC National Bank

Mailing Address PO Box 2316

City

Bismarck

State

ND

Zip Code

58502-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

0.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	9	

Transaction ID: 0140905

Amount of Each Receipt this Period

0.93

SUBTOTAL of Receipts This Page (optional) .....

0.93

TOTAL This Period (last page this line number only) .....

0.93

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**PAGE 11 / 19  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

NORTH DAKOTA REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Starion Financial

Mailing Address

PO Box 777

City

State

Zip Code

Bismarck

ND

58502-0777

001

Purpose of Disbursement:

Category/  
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2000.00

Activity or Event Identifier:  
Political Reports

Date

M M  
0 2D D  
2 4Y Y Y Y  
2 0 0 9

Transaction ID: 0140690

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

560.00

1440.00

2000.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

560.00

1440.00

2000.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

560.00

1440.00

2000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NORTH DAKOTA REPUBLICAN PARTY

<b>A.</b> Full Name (Last, First, Middle Initial) Starion Financial	<b>Transaction ID:</b> 0140257																				
Mailing Address PO Box 777	Date of Disbursement																				
City Bismarck	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	0	9												
State ND Zip Code 58502-0777	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>224.02</td> </tr> </table>	224.02																			
224.02																					
Loan Interest	<table border="1"> <tr> <td>009</td> </tr> </table>	009																			
009																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Starion Financial	<b>Transaction ID:</b> 0140256																				
Mailing Address PO Box 777	Date of Disbursement																				
City Bismarck	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	0	9												
State ND Zip Code 58502-0777	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1591.48</td> </tr> </table>	1591.48																			
1591.48																					
941 Federal Payroll Tax	<table border="1"> <tr> <td>001</td> </tr> </table>	001																			
001																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) BLUECROSS/BLUESHIELD of ND	<b>Transaction ID:</b> 0140259																				
Mailing Address 4510 13th Ave SW	Date of Disbursement																				
City Fargo	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	0	9												
State ND Zip Code 58121-0002	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>567.00</td> </tr> </table>	567.00																			
567.00																					
Employee Health Insurance	<table border="1"> <tr> <td>001</td> </tr> </table>	001																			
001																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**2382.50**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NORTH DAKOTA REPUBLICAN PARTY**A.**Full Name (Last, First, Middle Initial)  
Northland Financial

Mailing Address PO Box 140

City State Zip Code  
Steele ND 58482-0140Purpose of Disbursement  
Supplies/Office

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 0140261

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

307.16

**B.**Full Name (Last, First, Middle Initial)  
Starion Financial

Mailing Address PO Box 777

City State Zip Code  
Bismarck ND 58502-0777Purpose of Disbursement  
Loan Interest

Candidate Name

009  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 0140689

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	9

Amount of Each Disbursement this Period

202.35

**C.**Full Name (Last, First, Middle Initial)  
Visa Services

Mailing Address PO Box 31535

City State Zip Code  
Tampa FL 33631-3535Purpose of Disbursement  
Miscellaneous Expense

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 0140891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	9

Amount of Each Disbursement this Period

253.34

ITEMIZATION BELOW

SUBTOTAL of Disbursements This Page (optional) .....

762.85

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NORTH DAKOTA REPUBLICAN PARTY

<b>A.</b> Full Name (Last, First, Middle Initial) Brady Martz Mailing Address PO Box 1297	<b>Transaction ID:</b> 0140891-001 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 9</div> </div>
City Bismarck State ND Zip Code 58502-1297 Purpose of Disbursement Accounting Software Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>253.34</div> <b>[MEMO ITEM]</b> MEMO
<b>B.</b> Full Name (Last, First, Middle Initial) Burleigh County Mailing Address Po Box 5518 City Bismarck State ND Zip Code 58506-5518 Purpose of Disbursement Property Tax Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> 0140691 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4754.01</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Adam R. Jones Mailing Address 716 N 16th St City Bismarck State ND Zip Code 58501 Purpose of Disbursement Payroll Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> 0140692 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>867.50</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5621.51**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH DAKOTA REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Ms. Breezy Kohls

Mailing Address 111 Boise Ave

City  
Bismarck

State  
ND

Zip Code  
58504-6365

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 0140694

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2009

Amount of Each Disbursement this Period

2371.50

SUBTOTAL of Disbursements This Page (optional) .....

2371.50

TOTAL This Period (last page this line number only) .....

11138.36

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NORTH DAKOTA REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Mr. Paul M. Sorenson

Mailing Address 1029 N 5th St

City  
Bismarck

State  
ND

Zip Code  
58501

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 0140693

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2009

Amount of Each Disbursement this Period

4561.87

SUBTOTAL of Disbursements This Page (optional) .....

4561.87

TOTAL This Period (last page this line number only) .....

4561.87



**SCHEDULE C (FEC Form 3X)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 17 / 19

FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)

NORTH DAKOTA REPUBLICAN PARTY

Transaction ID: 138760-1

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Starion Financial

Election:

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address PO Box 777

City Bismarck

State ND

ZIP Code

58502-0777

Original Amount of Loan

63700.00

Cumulative Payment To Date

19200.00

Balance Outstanding at Close of This Period

44500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 7D D  
2 9Y Y Y Y  
2 0 0 4

08/20/2009

5.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

44500.00

**TOTALS** This Period (last page in this line only) ▶

44500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# **SCHEDULE C-1 (FEC Form 3X)** **LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page 18 / 19 of Schedule C

Name of Committee (in Full)  <b>NORTH DAKOTA REPUBLICAN PARTY</b>		<b>FEC IDENTIFICATION NUMBER</b>  C00018929	
Back Ref ID: 138760-1			
<b>LENDING INSTITUTION (LENDER)</b> Full Name Starion Financial	Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: center;">63700.00</div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: center;">5.00</div> %	
Mailing Address PO Box 777		Date Incurred or Established <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2004</div> </div>	
City Bismarck	State ND	Zip Code 58502-0777	Date Due <div style="border: 1px solid black; padding: 2px;">08/20/2009</div>
A. Has loan been restructured? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, date originally incurred : <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2004</div> </div>			
B. If line of credit,  Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: center;">63700.00</div>		Total Outstanding balance : <div style="border: 1px solid black; padding: 2px; text-align: center;">44500.00</div>	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>  Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142.			
Date account established: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div>		Location of account Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Ms Breezy Kohls Signature _____		DATE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2008</div> </div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Mr Gary Emineth Signature _____		DATE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2008</div> </div>	
Title Chairman			

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

NORTH DAKOTA REPUBLICAN PARTY

**USE ONLY ONE SECTION, A or B****A. State and Local Party Committees****Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- X   Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees****Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %Nonfederal.....  %

This ratio applies to (check all that apply):

 Administrative ☐    Generic Voter Drive ☐    Public Communications Referencing Party Only ☐